MESSAGE FROM THE DEPUTY MINISTER

I am pleased to present to you the first edition of the Department of Family and Social Services' Core Standards.

The standards apply to a wide range of Department services and focus on the basics that are felt to be essential for a safe and effective service. The standards assume that a service should have some flexibility in how it operates, and that standards should not dictate in detail how the service should be structured and delivered.

The Core Standards come into effect October 2, 1989 with full compliance required by April 1991.

Implementation of these standards over the next eighteen months will be carefully monitored, with a view to making revisions to improve clarity. Your comments concerning any improvements to the standards are welcome, and should be provided to your Regional Program Manager.

Regards,

Dr. Stan Remple
Deputy Minister
Family and Social Services

PREFACE

In its efforts to provide services to the citizens of Alberta, the Department of Family and Social Services has recognized a number of important principles. These include:

- The importance of the family as the basic unit of our society and the diversity of family structures, that must be strengthened in Alberta society;

- Commitment to the promotion and facilitation of individual initiative, self-reliance, self-sufficiency and responsibility;

- The individual's ability and right to make choices and decisions;

- The need for policies and programs that are adaptable and responsive to the changing needs of Albertans; and

- Commitment to involve Albertans in describing issues and in considering alternatives; and once policies are developed Albertans must be well informed about the programs and services available to them.

With these principles in mind, the Department of Family and Social Services is pleased to present this first edition of the Department's Core Standards.

The Core Standards apply to a wide range of department services and focus on the basics that are felt to be essential for a safe and effective service.

The standards apply to the following programs:

- Child Welfare (assessments, community based treatment, family support, group homes) and other residential services.
- Services to Persons with Disabilities (day activity programs, training and employment programs, residential services and case management).
- Women's Shelters
- Hostels and Residences for Homeless Men and Women.

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1.0 HISTORY

The process of developing standards began in 1985 when the then Deputy Minister of Social Services established a project to develop generic standards for all department services. The project was a response to the Department's lack of standards, the increasing perception of the public and advocacy groups that standards are important, and the development of standards in other jurisdictions.

The project developed an extensive set of structural and process standards, intended to apply to all contracted and directly delivered departmental services.

In July of 1988, a consultant was engaged to finalize a consultation document and coordinate a feedback process.

The standards proposed in 1986 were extensive, covering in detail almost every aspect of how a service should be structured and operate. The standards were generic and focused on structure and process. The core standards are similar in that they are generic and focus on structure and process.

2.0 INTRODUCTION: CORE STANDARDS

The core standards include only those standards felt to be essential to ensure the safe and effective operation of a service. They assume that a service provider should have some flexibility in how it operates and that standards should not dictate in detail how the service should be structured and delivered.

The core standards are the result of an extensive consultation process. Input was sought from all contracted service providers, from major provincial human service organizations, professional associations and special interest groups. A combination of mail-out questionnaires and interviews was used to obtain input.

The core standards are a direct result of the consultation process. The standards ensure that any service funded by the Department meets requirements in three areas. First, clients' legal rights and physical safety must be protected. Second, there must be a service planning process that establishes what the clients' needs are, how they will be met and how the service provider will monitor and assess progress towards the clients' objectives. Third, the service must meet administrative requirements related to financial management, staffing and accountability as well as requirements concerning the physical facility and equipment used for the service. Thus, the client, or the client's parent or guardian, will know that the service is safe, that it is focused on meeting the client's needs and that it is administered in a competent and accountable fashion. These requirements are the foundation of high quality service.

The standards are designed to apply to Child Welfare Programs, Women's Shelters, Services to Persons with Disabilities as well as Men's and Women's Hostels. The standards are core or basic standards, and all services providers in the four program areas will be expected to meet them.

3.0 CORE STANDARDS FOR SERVICE PROVIDERS

SECTION 1
PROTECTION OF HUMAN RIGHTS

The protection of client rights, confidentiality of information and appeals are addressed in the section. The standards are client care and treatment, the use of restrictive procedures, informed consent, release of client information and client complaints, grievances and appeals.

1.1 CARE AND TREATMENT

PRINCIPLE

The Department of Family and Social Services recognizes that all Albertans have an inherent right to respect for their human worth and dignity.

The Department of Family and Social Services intends to ensure that all clients of department operated or funded services are cared for and treated in a respectful manner.

DEFINITIONS

Corporal Punishment

Punishment of a physical nature such as shaking, pushing, slapping or spanking.

Shouting

The raising of one's voice above a loud speaking tone.

Swearing

Socially unacceptable, profane, obscene or insulting terms.

Sarcasm

The use of mocking language or tone of speech intended to convey scorn or insult.

Ridicule

The use of language or behavior intended to humiliate or make fun of a person.

STANDARD 1.1.1

The service provider shall, in policy, prohibit service personnel from using any method of care or treatment that, in any manner, undermines the self-worth of the client, including, but not limited to the following:

- corporal punishment
- shouting
- swearing
- sarcasm
- ridicule

AUDITING METHOD

Auditing methods include but are not limited to:

- Review policy to ensure that it meets the standard.

- Review client/guardian complaints for the past one year.
  Did the complaints refer to the use of any of the prohibited methods of care?

- Ensure that program staff have a thorough knowledge of policy.

1.2 RESTRICTIVE TREATMENT PROCEDURES

PRINCIPLE:

The Department of Family and Social Services is committed to respecting the rights, dignity and worth of the person.

The Department of Family and Social Services does not intend to advocate the use of restrictive procedures. Nevertheless, it is acknowledged that such procedures may be necessary to modify behaviors or other symptoms that present a serious threat to the safety of the client or other persons.

The Department of Family and Social Services intends to ensure that the use of restrictive procedures is properly planned and implemented.

DEFINITIONS:

Client

Refers to any person or family receiving service from department operated or funded services.

Consent

Means the giving of a time-limited written approval to a service provider to implement a treatment program or other specific procedures, where the individual giving consent:

- Has the legal authority and capacity to do so;
- Has been reasonably informed of the probable consequences resulting from the utilization of a specific procedure as well as alternate procedures and their probable consequences;

- Has been reasonably informed that they may give or revoke a consent, without undue coercion or undue influence; and

- Has had a reasonable opportunity to obtain independent advice.

Goal

Means a statement of the expected outcome of intervention, described in behavioral and measurable terms, leading towards the attainment of an objective.

Multi-Disciplinary Committee

A committee consisting of more than two people from different walks of life. For the purpose of this standard, only one member should be an employee or board member of the service provider.

Policy

A principle chosen to guide decision making.

Procedure

An established series of steps to be followed.

Program

Refers to an individually designed and written set of procedures to achieve specific behavioral goals relative to the client's developmental needs.

Restrictive Procedures

Restrictive procedures include any procedures that restrain the client's normal range of movement; that involve the presentation of any substance that is unpleasant to any of the senses; or that restrict access to events, privileges or objects that would normally be available to the client.

Types of Restrictive Procedures: The following techniques and practices are classified as restrictive procedures:

a) Time-Out: Any time a client is removed from the source of reinforcement (to a room, area or part of an area) for a period of time, contingent upon the client having performed a previously specified maladaptive behavior. To be considered time-out, a program must include reinforcement for some specified desirable behavior.

b) Seclusion: Any time a client is detained in a locked room or unlocked room to minimize danger to the client, others or to the environment. This procedure is for emergency use only; it is utilized only to prevent injury or damage.

c) Required Relaxation: Mandatory relaxation of a client contingent upon a specified behavior which is typically an initial behavior in a chain of behavior, accelerating to assaultive or aggressive behavior. The relaxation generally consists of immediately going to a recliner, couch, or bed, and remaining calm for a specified period of time.

d) Overcorrection/Restitution: Any time a client is required to correct the consequences of his/her misbehavior by restoring the disrupted situation to a "better than normal" state.

e) Overcorrection/Positive Practice: Any time a client is required to practice correct behavior contingent upon episodes of misbehavior.

f) Punishment by Presentation: The presentation of any stimulus (i.e., tactile, olfactory, auditory, gustatory, visual) aversive to any of the senses, following an undesirable behavior, which is intended to decrease that behavior. The treatment must include a procedure that reinforces desirable competing responses.

g) Punishment by Removal/Response Cost: The removal of an existing object, activity or privilege contingent upon a predetermined, specified behavior. The treatment must include reinforcement of some appropriate behaviors.

h) Physical Holding: Any occasion when staff requires "hands-on" contact to restrict movement for the purpose of preventing some undesired behavior or forcing the client to carry out a desired behavior. Note that physical holding of a client who has poor muscle control, in order to assist in task performance or client movement, is not considered restrictive.

i) Mechanical Restraints: Any device designed to restrict the client's movement by securing the client to an object or item of furniture (e.g., wheelchair belts) for the purpose of safety of a client who may fall or otherwise endanger himself/herself due to physiological problems.

Training

Includes techniques that increase the probability and the opportunity for the client to perform positive, adaptive behavior.

Treatment

Is a planned procedure to alter a client's behavior so that positive, adaptive behavior occurs more often, and inappropriate behavior occurs less often.

STANDARD 1.2.1

The service provider shall have a department approved written policy and procedures for the use of restrictive procedures, which shall include specification of the circumstances under which they may be used and the range of procedures that may be used.

STANDARD 1.2.2

The service provider shall establish a policy to ensure that an informed consent is obtained from the client or legal guardian prior to the use of restrictive treatment methods.

STANDARD 1.2.3

The service provider shall establish a policy to ensure that all treatment or training plans developed for a client involving the use of restrictive procedures are reviewed and approved by a multi-disciplinary restrictive procedures committee.

STANDARD 1.2.4

The service provider shall ensure that a staff trained in the application of restrictive procedures is available to all program worksites providing such procedures in treatment and training.

STANDARD 1.2.5

All treatment or training plans are to be supervised by staff trained in the application of such procedures.

STANDARD 1.2.4

The service provider shall establish a policy describing the restrictive procedures that may be used in emergencies such as in self-defense or in protection of the client's or another person's safety.

AUDITING METHOD

Auditing methods include but are not limited to:

- Review a copy of the definition of services.
- Review a copy of service provider's policies to ensure that policies cover all the methods outlined in the standard.
- Review a copy of the Department's written approval of policy.
- Ensure that program staff have a thorough knowledge of the policies and procedures for the use of restrictive procedures.

1.3 INFORMED CONSENT

PRINCIPLE:

Clients or their legal guardians have the right to make choices regarding whether or not to use services operated or funded by the Department of Family and Social Services.

Clients or their legal guardians require adequate information about the services being offered in order to make effective choices.

DEFINITIONS:

Consent

The capacity to understand and appreciate the nature and consequences of a proposed course of action as well as the consequences of giving, withholding or revoking consent. Consent is voluntary and is given without coercion or undue influence. (See consent under restrictive procedures, page 5.)

Legal Guardian

An individual who has legal authority to make decisions and take action on behalf of another person.

STANDARD 1.3.1

The service provider shall establish, in policy, the requirement that service personnel fully inform the potential client or his legal guardian regarding all aspects, terms and conditions of the service(s) being offered by the service provider.

AUDITING METHOD

Auditing methods include but are not limited to:

- Review a copy of provider's policy to ensure it complies with the standard.

- Review copies of consent forms.

- Discussion with staff to determine their knowledge of the policy.

1.4 RELEASE OF CLIENT INFORMATION

PRINCIPLE:

Services funded or provided by the Department of Family and Social Services collect, store and release a wide variety of personal information pertaining to clients.

The Department of Family and Social Services intends to ensure the confidentiality of information collected and stored by department operated or funded services.

The Department of Family and Social Services also intends to ensure that clients or legal guardians of department operated or funded services maintain control over the release of personal information by service providers.

STANDARD 1.4.1

The service provider shall require in policy that service personnel maintain the confidentiality of all information collected in respect to clients of the service.

STANDARD 1.4.2

The service provider shall establish policies and procedures designed to ensure the confidentiality of client information during collection, storage and release, pursuant to any federal or provincial legislation relevant to the service provider's operation.

STANDARD 1.4.3

The service provider shall not release client information to any person without the express written consent of the client or his legal guardian, unless otherwise authorized by legislation or by specific judicial order.

AUDITING METHOD

Auditing methods include but are not limited to:

- Review a copy of agency policies to ensure that they meet the standards.
- Review copies of consent forms on file.
- Discussion with staff to determine their knowledge of the policies and procedures.
- Observe file storage to determine if policies and procedures are followed and whether the files are stored in a secure environment.

1.5 COMPLAINTS, GRIEVANCES, APPEALS

PRINCIPLE:

The Department of Family and Social Services values clients' opinions. Client input is important to assuring quality service.

The Department of Family and Social Services intends to provide clients of department operated or funded services with formal opportunities to register complaints, air grievances and to appeal decisions made by service providers.

DEFINITIONS:

Appeal

To make an application written or verbal, as to a higher authority, for help or a decision.

Grievance

A real or imaginary wrong causing distress, hardship or injury regarded as grounds for a complaint.

STANDARD 1.5.1

The service provider shall establish, in policy, a formal system to receive, to investigate and to respond to complaints, allegations of wrong doing, grievances and appeals initiated by clients or legal guardians.

STANDARD 1.5.2

The service provider shall establish, in policy, a requirement that service personnel inform clients and legal guardians of the availability of the aforementioned system (refer to Standard 1.5.1).

STANDARD 1.5.3

The service provider shall maintain a record of appeals. Personal interviews and appeal results shall also be documented.

AUDITING METHOD

Auditing methods include but are not limited to:

- Review a copy of client/guardian grievance policy and procedures to ensure that they meet the standards.

- Discussion with staff to determine their knowledge of the client/guardian appeal procedures.

- Review a list of client complaints and resolution for past year to ensure that they were recorded and were dealt with according to policy.

SECTION 2
SERVICE PLANNING AND REVIEW

This section addresses the service provider's guiding principles, the client population and the service planning process. It is important to establish what the clients' needs are, how they will be met and how the service provider will monitor and assess progress towards client objectives. The standards are set for service provider's guiding principles, purpose, target population, assessment of client need and service planning.

2.1 GUIDING PRINCIPLES, PURPOSE, TARGET POPULATION

PRINCIPLE:

Effective human services need to have a coherent set of guiding beliefs or principles, a clear sense of purpose and a carefully defined client population.

DEFINITIONS:

Belief/Principle

An opinion, conviction, sentiment or view.

Purpose

An intended or desired result, or a reason for which the program exists.

Triennially

A period of every three years.

STANDARD 2.1.1

The service provider shall identify, in policy, a set of beliefs or principles that shall guide the service provider's operation.

STANDARD 2.1.2

The service provider shall identify, in policy, a statement of the purpose or aim of each service offered.

STANDARD 2.1.3

The service provider shall identify, in policy, a description of the client population for whom each service is intended.

STANDARD 2.1.4

The service provider, at least triennially, shall review and shall affirm or modify the following:

- guiding beliefs or principles
- purpose or aim of each service offered
- description of the client population

AUDITING METHOD

Auditing methods include but are not limited to:

- Review a copy of beliefs or principles.
- Review a copy of program purpose or aim.
- Review a copy of description of client population served.
- Review copies of documents on the last review of principles, purpose and client populations.
- Discussion with staff to determine their knowledge of the program's principles and purpose.

2.2 ASSESSMENT OF NEED AND SERVICE PLANNING

PRINCIPLE:

The Department of Family and Social Services recognizes the worth, dignity and individuality of every Albertan. The Department believes that every human being has a unique set of needs.

The Department believes that effective human services assess client's needs, and plan and deliver services to meet those needs.

DEFINITIONS:

Assessment

An appraisal of a person's skills that can be accomplished by observing behavior or through a formal series of tests.

Service

The assistance provided to a client that can take many forms, such as counselling, financial planning, physical care, etcetera.

Service Plan

A written overall plan of care or service to a family or client.

STANDARD 2.2.1

The service provider shall establish, in policy, a system that ensures the assessment of client's needs and the development, periodic review and adjustment of service plans designed to meet these needs.

STANDARD 2.2.2

When a client service plan is used, it shall include, but need not be limited to the following:

- the client's or legal guardian's perception of service needs.
- needs analysis.
- the services to be provided.
- the arrangements by which the client's special needs, including prescribed medications or diets and medical procedures, are to be met.
- restrictive treatment procedures, if any.
- objectives of the service, including indicators to determine when objectives are met and expected duration of service.
- how an effective exit from the service or an effective transition from one service to another, if required, will be made.

STANDARD 2.2.3

The service provider shall require, in policy, that service personnel ensure that clients, legal guardians, advocates and other interested persons have opportunities to be fully involved in the development and review of service plans.

AUDITING METHOD

Auditing methods include but are not limited to:

- Review of client records to determine the use of service plans.
- Review of service plans and any modifications to them.
- Review of notes of staff conferences.
- Discussion with staff to assess their knowledge of the program's policies regarding client assessment and service planning.

SECTION 3
CAPACITY TO PROVIDE SERVICE

The administrative requirements related to client safety, staffing and financial management are addressed in this section. The standards are set for client safety, responsibilities and accountability of service personnel and the management of funds.

3.1 CLIENT SAFETY

PRINCIPLE:

The Department of Family and Social Services intends to ensure the health and safety of clients in department operated or funded facilities.

STANDARD 3.1.1

The service provider shall ensure compliance to all federal provincial and municipal legislation, bylaws, codes and regulations relevant to all aspects of the safety of the service provider's premises and equipment.

AUDITING METHOD

Auditing methods include but are not limited to:

- Observe and review copies of licenses and reports indicating compliance with applicable legislation and requirements.

- Observation of where the licence or certificate is posted.

3.2 RESPONSIBILITIES AND ACCOUNTABILITY - SERVICE PERSONNEL

PRINCIPLE:

Effective human services need to have clearly defined duties and responsibilities for all service personnel and to assist service personnel to improve job performance by conducting periodic performance reviews.

DEFINITION:

Triennially

A period of every three years.

STANDARD 3.2.1

The service provider shall ensure that all service personnel have written position descriptions, which shall include but need not be limited to the following:

- position title
- qualifications
- position duties and responsibilities
- reporting relationships
- levels of authority

STANDARD 3.2.2

The service provider shall review and shall affirm or modify each position description at least triennially.

STANDARD 3.2.3

The service provider shall establish, in policy, a system for the annual review of the job performance of all service personnel.

STANDARD 3.2.4

The service provider shall ensure that all service personnel are familiar with and have access to the policies and procedures of the service provider.

AUDITING METHOD

Auditing methods include but are not limited to:

- Read personnel policies.
- Review personnel files.
- Comparison of job description criteria to actual assignment of staff.
- Discussion with staff to determine their knowledge of:
    - personnel policies
    - job descriptions
    - reporting relationships
    - levels of authority

3.3 MANAGEMENT OF FUNDS

PRINCIPLE:

The Department of Family and Social Services is publicly accountable to the legislature for the expenditure of funds. In turn, service providers who operate on funds provided by the Department of Family and Social Services shall be accountable to the Department for the expenditure of these funds.

STANDARD 3.3.1

The service provider shall establish, in policy, a system to account for the expenditure of all funds provided by the Department of Family and Social Services.

STANDARD 3.3.2

The financial accounting system shall utilize generally accepted accounting principles.

AUDITING METHOD

Auditing methods include but are not limited to:

- Review of the accounting manual.
- Review of accounting procedures.
- Review the last two financial statements.
- Review the most recent audited statement.
- Review the auditor's statement.

4.0 ACCREDITATION

Accreditation programs are available for many but not all of the types of services funded by the Department. Many service providers choose to seek accreditation with an appropriate body.

The decision to seek accreditation is a voluntary decision by each agency. Accreditation neither removes the responsibility of the Department to monitor, audit and evaluate programs, nor is it a prerequisite for funding. Accreditation and auditing of core standards are two separate but parallel processes. An agency decides whether or not it wishes to be accredited. Core standards are set by Alberta Family and Social Services and are audited under the Department's jurisdiction.

Accreditation provides formal recognition by an independent authoritative organization that an agency has met certain recognized standards. Accreditation does not in itself indicate service quality although it may require the agency to have established internal quality assurance mechanisms. The Department of Family and Social Services is not an accrediting body.

Accreditation:

- indicates to the community that the service agency has met specific minimal standards;
- provides information and criteria that can be used by the agency to measure its administrative systems;
- establishes goals for improving agency services;
- establishes standards that can be used by consumers, service providers, professional organizations, educators and various funding sources to meet their respective objectives; and
- sets common expectations for program performance.

Any agency who has completed accreditation with the following bodies, three months (one quarter) prior to the Department's standards review, will be assumed to have met the core standards for that fiscal year. Agencies will be expected to have a complete standards review in subsequent years.

Accreditation Bodies:

Accreditation of Services for Families and Children Inc. (C.O.A.)

The Council on Accreditation of Services for Families and Children Inc. is a North American service that covers social and mental health services.

The Council was established in 1977 by the Child Welfare League and the Family Service Association of America.

Council standards are divided into two sections: generic (i.e., administration, finance, organization, etc.), which apply to all service providers, and specific, covering 19 specialized services (i.e., adoption, residential child care, substance abuse, etc.).

In the C.O.A. accreditation process, an agency completes a self-study. This is followed by an on-site peer review by two or three individuals trained by the Council. The reviewers write a report noting compliance with the established standards, and the report is sent to both the C.O.A. and the agency. The agency has an opportunity to recommend changes or modifications to the reviewer's report. The Council can then approve agency accreditation for a three-year period or deny accreditation.

The Alberta Association of Rehabilitation Centres (AARC)

The Association is comprised of organizations that provide vocational and/or living skills training services to mentally or physically disabled individuals. All member agencies are voluntary charitable organizations except Michener Centre at Red Deer.

AARC approved its first set of standards in 1984. An accreditation commission of five persons has been elected by the Association.

The Association offers an orientation to an agency wishing to be accredited, and then the agency completes a self-study. An on-site survey is conducted and recommendations are made to the Commission. The Commission makes the final decision on accreditation.

Commission on Accreditation of Rehabilitation Facilities (CARF)

The Commission was formed in 1966 by the Association of Rehabilitation Centres and the National Association of Sheltered Workshops and Home Bound Programs. Subsequently, other groups have joined, including Goodwill Industry of North America, American Hospital Association, National Association of Hearing and Speech Action and National Easter Seal Society.

CARF has established a set of standards that apply to facilities serving disabled persons. To achieve accreditation by the Commission, the agency completes a self-study and is reviewed on-site by a team of two surveyors. The surveyors assess the self-study and the agency's compliance with standards and report to the CARF board. CARF has the option to accredit the agency for one year or for three years, or to deny accreditation.

The Canadian Council of Hospital Accreditation

The Canadian Council of Hospital Accreditation accredits active treatment and long term care hospitals.

The mental health clinics of Alberta Community and Occupational Health are accredited by this body. Many hospitals, nursing homes and long term care facilities are accredited by this group. The Canadian Council of Hospital Accreditation does not accredit free-standing facilities that are social services, but not health services.

Alberta Association of Child Care Centres (AACCC)

The Alberta Association of Child Care Centres comprises agencies that provide services to children and their families on both a residential and community basis. The membership is representative of those services that are delivered by government, voluntary charitable agencies and proprietary agencies.

The Association adopted its first set of standards in 1979. The accreditation model used has the agency complete a self-study followed by an on-site review, from which come recommendations to the committee. The options available to the committee are: accreditation provisional upon completion of certain requirements within a six-month period, a three-year accreditation or no accreditation.

5.0 ACCOUNTABILITY METHODS

Accountability methods are ongoing activities to review for compliance with established expectations and standards and to ensure that corrective steps are taken when deviation from standards occurs. The accountability methods of monitoring, auditing, licensing and the Social Care Facilities Review Committee are described in this section.

5.1 Monitoring

Service providers will be expected to assume responsibility for developing a capacity to monitor and maintain compliance with the core standards. Monitoring is a systematic activity used to gain information about a program such as client status and expenditures. Monitoring assists in planning the allocation of staff and resources as well as ensures that performance expectations are met.

5.2 Auditing

Auditing can be a responsibility of regional staff or a combination of specialized department staff. Auditing usually reviews a sample of cases, procedures and policies at a given point in time and is conducted by persons external to the service staff. Routine audits could, for example, correspond with the termination date of contracts.

5.3 Licensing

Licensing responsibilities are carried out by department staff at the regional level. Licensing is another means of requiring accountability from service providers for meeting specific standards. The Social Care Facilities Licensing Act is the legislation that spells out the scope of licensing and the facilities to which licensing applies. The suspension or cancellation of a license is the mechanism that signals deviation from standards and is also the enforcement mechanism to ensure that the facility operator takes action.

5.4 Social Care Facilities Review Committee

The Social Care Facilities Review Committee is an independent body to provide accountability to the government for departmentally funded programs. The Committee, appointed by the Lieutenant Governor and Council, and responsible to the Minister of Family and Social Services, is not part of the Department.

The Committee visits facilities, as defined in the Social Care Facilities Licensing Act, to review and inspect them and the manner in which they are operated. The Committee also investigates specific complaints by or on behalf of a person in a facility. They may report, comment and make recommendations on the facility's operations to the Minister of Family and Social Services.

5.5 Effects of Noncompliance

The results of compliance and noncompliance to the core standards must be addressed. Concerns about the ability of an organization to function in accordance with its mandate or complaints regarding the treatment, well-being or safety of clients would require a response or inquiry, which could take the form of a review or audit.

A formal review will be done yearly by designated regional personnel in cooperation with the service provider to determine the level of compliance with the core standards prior to the commencement of any contract negotiations.

A review revealing noncompliance with standards will result in the following actions:

- First, the ordering of remedial measures to re-establish compliance upon negotiated terms and conditions within a three month time frame; and,

- Secondly, if the standards are not met within the three month time frame, a regional contract review will take place.

Support and consultation from the regions will be available during this period in order to assist service providers to comply with the standards.

The Department of Family and Social Services will not enter into a contractual agreement with any service provider who does not meet the core standards.

6.0 CORE STANDARDS COMPLIANCE CHECKLIST

Introduction

The Core Standards Compliance Checklist has been developed to serve two primary functions for services operated or funded by Family and Social Services. The first intent is to provide an opportunity for boards of directors and management of each program, to monitor how they have planned and implemented basic service delivery, along with overall administration. In the second instance the Core Standards Compliance Checklist will form the basis for negotiation between the service providers and the department, leading to an agreement on compliance to core standards prior to the signing of a contract. The Core Standards Compliance Checklist will be undertaken on an annual basis.

Instructions

The format for the Core Standards Checklist is a series of questions prepared to address each standard, presented in such a way as to require only a "YES/NO" answer. A comment section follows each question. The person responding on behalf of the service provider, merely places a check-mark in the appropriate column, on the left hand side of the page. This column is designated "Service Providers Response", and is subdivided into "YES/NO" spaces. The column on the right hand side of the page is entitled "Department Response" and is intended to provide the service provider with a second opinion. Once the service provider has completed the checklist, and has submitted a copy to the Regional Designate, the contents will be reviewed. Generally speaking, the Regional Designate will be the consultant who normally works with that particular service provider. As such they are familiar enough with the service providers operation to offer a valid opinion on the standards compliance.

If a disagreement arises regarding standard(s) compliance the established regional appeal route is available to the service providers.

CORE STANDARDS
COMPLIANCE CHECKLIST

Name of Agency: _____

Program Type: _____

Address of Program: _____

_____

Department Contact Person: _____

Review Period: _____ To: _____

Service Provider Response			Department Response	
YES	NO		YES	NO
		SECTION 1. PROTECTION OF HUMAN RIGHTS		
		1.1 **Humane Care and Treatment**		
		Standard 1.1.1		
		Does the program have written policy prohibiting service personnel from using a method of care/treatment that undermines the clients self-worth?		
		Comments		
		1.2 **Restrictive Treatment Procedures**		
		Standard 1.2.1		
		Does the program have a department approved written policy for use of restrictive procedures?		

Service Provider Response			Department Response	
YES	NO		YES	NO
		Standard 1.2.2 Does the program have written policy requiring client/legal guardian's informed consent prior to the use of restrictive treatment methods? Standard 1.2.3 Does the program have written policy requiring the review of all plans that include the use of restrictive procedures by a multi-disciplinary committee? Standard 1.2.4 Does the program have written policy to ensure that staff trained in the use of restrictive procedures are available to all worksites utilizing such procedures? Standard 1.2.5 Does the program have written policy requiring that all treatment and training plans using restrictive procedures are supervised by staff trained in the application of restrictive procedures? Standard 1.2.6 Does the program have written policy describing the restrictive procedures that may be used in an emergency? Comments		

Service Provider Response			Department Response	
YES	NO		YES	NO
		1.3 Informed Consent Standard 1.3.1 Does the program have written policy requiring that service personnel inform the client/legal guardian of all aspects, terms and conditions of the services being offered? Comments		
		1.4 Release of Client Information Standard 1.4.1 Does the program have written policy requiring service personnel to maintain the confidentiality of all client information? Standard 1.4.2 Does the program have written policy to ensure the confidentiality of client information during collection, storage and release? Does the program have written procedures to be used during collection, storage and release of client information? Standard 1.4.3 Does the program have written policy requiring client/ legal guardian written consent prior to release of client information?		

Service Provider Response			Department Response	
YES	NO		YES	NO
		Comments		
		1.5 Complaints, Grievances, Appeals		
		Standard 1.5.1		
		Does the program have written policy outlining a system to receive, investigate and respond to complaints, grievances and appeals initiated by clients or legal guardians?		
		Standard 1.5.2		
		Does the program have a written policy requiring service personnel to inform clients or legal guardians of the appeal system?		
		Standard 1.5.3		
		Does the program maintain a written record of appeals, personal interviews and appeal results?		
		Comments		
		SECTION 2 SERVICE PLANNING AND REVIEWS		
		2.1 Guiding Principles, Purpose, Target Population		
		Standard 2.1.1		
		Does the program have a written set of beliefs or principles that guide its operation?		

Service Provider Response			Department Response	
YES	NO		YES	NO
		Standard 2.1.2 Does the program have a written purpose or aim? Standard 2.1.3 Does the program have a written description of the client population to be served? Standard 2.1.4 Does the program have a written policy regarding the review of: ° guiding beliefs or principles ° purpose or aim of service ° description of client population Comments		
		2.2 Assessment of Need and Service Planning Standard 2.2.1 Does the program have a written policy that ensures the development, periodic review and adjustment of service plans to meet client needs? Standard 2.2.2 Does the program's client service plan include: ° client or legal guardians perception of service needs ° needs analysis ° the services to be provided		

Service Provider Response			Department Response	
YES	NO		YES	NO
		° the arrangement by which the client's special needs are to be met ° restrictive treatment procedures, if any ° objectives of the service ° indicators to determine when objectives are met ° expected duration of service ° how an effective exit or transfer from the service will be made Comments		
		Standard 2.2.3 Does the program's written policy ensure that clients', legal guardians or advocates have opportunities to be involved in the development and review of service plans? Comments		

Service Provider Response			Department Response	
YES	NO		YES	NO
		SECTION 3. CAPACITY TO PROVIDE SERVICE		
		3.1 Client Safety Standard 3.1.1. Does the program have written policy outlining: ° the federal legislation ° the provincial legislation ° the municipal legislation ° bylaws ° codes ° regulations relevant to the safety of the premises and equipment therein? Comments		
		3.3 Responsibilities and Accountability - Service Personnel Standard 3.3.1 Does the program have written job descriptions for each position? Do the program's written job descriptions include: ° position title ° qualifications required ° position duties and responsibilities ° reporting relationships ° levels of authority		

Service Provider Response			Department Response	
YES	NO		YES	NO
		Standard 3.3.2 Does the program have written policy requiring a review of position descriptions (at least triennially)? Standard 3.3.3 Does the program have written policy requiring a yearly review of job performance for all service personnel? Comments		
		3.4 Management of Funds Standard 3.4.1 Does the program have a written policy that establishes a system to account for the expenditure of all funds provided by the Department? Standard 3.4.2 Does the program's system to account for expenditures of all department funds utilize generally accepted accounting principles? Comments		